S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9072

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2555

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town 1Ste Louis Ave. (If outside city or town limits, write "RURAL")

(d) Street No. 1032 Graham Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John J. Rieger

3. (b) If veteran, name war World War

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Rieger

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. (Month) 6 (Day) 1897 (Year)

8. AGE: Years 43 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Kirkwood (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Painter (unemployed 10 yrs)

11. Industry or business Busch-Latta Co.

FATHER
12. Name Frank Rieger
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Alice Badgley
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Anna Rieger

(b) Address 1032 Graham Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) MAR 18 1940 (Date received local registrar) (b) J. F. Baldick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1940 hour 2:30 minute A.M. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to

Due to Status Lymphaticus

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Harr (M. D. or other)

Address Deputy Coroner Date signed 3.18.40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Reinhold R. Lohmann

Licensed Embalmer No. 3395

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.